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 Chicago, IL 60606
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**FIREARM LIABILITY
 PROTECTION PLAN**

General Information

Proposed effective date: _____

Applicant's name (full legal name of person to be insured): _____

Applicant's mailing address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ County: _____

Telephone number: _____ Fax: _____

Physical location (if different): _____

Please select certificates and permits held (please list each state where applicable and attach an explanation for each checked item) First aid/CPR: _____ Weapons permit: _____ Self-defense: _____

Concealed weapons permit: _____ Wilderness first aid: _____ NRA member: _____

Other: _____

Detailed Information

How many people in your household will shoot the firearm(s)?: _____

(Please list name, age, and experience of family members who will shoot the firearm(s) on the schedule at the end of the application.)

How much experience do you have with firearms? Please include details of training/experience: _____

What is your occupation? _____

Are you self-employed? Yes No If yes, what is your company? _____

If no, please list your employer: _____ Position: _____

Estimated annual income: _____ Do you have another source of income? Yes No

If yes, please list the source and amount: _____

Do you carry/conceal your firearm on the job? Yes No

What percent of time do you carry/conceal while on the job?:

0–10% 11–25% 26–50% 51–75% 76–100%

List type of firearm and approximate number owned per type:

Pistol: _____ Rifle: _____ Shotgun: _____

Automatic: _____ Antique: _____ Curios & Relics: _____

Other – Firearm: _____ Other – Non Firearm: _____

Have any of the firearms to be covered under this policy been modified? Yes No

If yes, please explain in detail: _____

Do you have a gun safe? Yes No

If no, please explain how your firearms/weapons are locked/secured: _____

How often do you train/shoot?: _____

Do you use reloaded ammunition? Yes No

If yes, do you reload your own? Yes No

If yes, please identify the ammunition you reload and your experience reloading: _____

Do you do participate in competitive shooting events? Yes No

If yes, how many times per year? _____

What percent of time do you carry/conceal daily in your personal life:

0–10% 11–25% 26–50% 51–75% 76–100%

Do you have any prior arrests? Yes No

If yes, arrest year: _____ Arrest: City: _____ State: _____ Zip: _____

Explain charge/reason for arrest: _____

Is your case closed? Yes No

If yes, date closed: _____ Case disposition: _____

(Please detail all additional prior arrests on additional pages)

Have you been convicted of a crime? Yes No

If yes, please explain: _____

Have you been charged with a crime? Yes No

If yes, please explain: _____

Have you ever been involved in civil litigation/actions? Yes No

If yes, please list when and what happened: _____

Is your case closed? Yes No

If yes, date closed: _____ Case disposition: _____

Have you ever been adjudicated as mentally incompetent? Yes No

If yes, please explain: _____

Have you ever been involved in any incident in which you accidentally discharged a firearm? Yes No

If yes, please explain: _____

Have you ever been involved in any incident in which you intentionally discharged a firearm other than shooting practice? Yes No

If yes, please explain: _____

Are you currently subject to a court sanctioned protective order? Yes No

If yes, please explain: _____

Have you ever been dishonorably discharged from the armed forces? Yes No

If yes, please explain: _____

Insurance History

Who is your current insurance carrier (or your last if no current provider)?: _____

Provide names for all insurance companies that have provided applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company name			
Expiration date			
Annual premium	\$	\$	\$

Has the applicant ever had a liability claim (including liability loss for homeowner, commercial, etc.)?

Yes No

If yes, please explain: _____

Have you had any incident, event, occurrence, loss, or wrongful act prior to the inception of this policy, which might give rise to a claim?

Yes No

If yes, please explain: _____

Has the applicant or anyone on the applicant's behalf, attempted to place this risk in standard markets?

Yes No

If yes, please explain: _____

Desired Insurance Note: No coverage can be quoted for commercial operations.

Limit of Liability:

- \$25,000 per person / \$50,000 per accident / \$100,000 aggregate
- \$50,000 per person / \$100,000 per accident / \$200,000 aggregate
- \$100,000 per person / \$200,000 per accident / \$400,000 aggregate
- Other: _____

Deductible: \$500 (Minimum) \$1,000 \$2,500 \$5,000

Please list the states you would like coverage in: _____

Would you like coverage to include any of the following? *

- | | |
|--|---|
| <input type="checkbox"/> Concealed carry protection | <input type="checkbox"/> Open carry coverage on foot in public areas |
| <input type="checkbox"/> Income protection | <input type="checkbox"/> Open carry coverage in public demonstrations |
| <input type="checkbox"/> Sexual abuse/molestation | <input type="checkbox"/> Open carry coverage on private property |
| <input type="checkbox"/> Legal liability with civil liability protection | <input type="checkbox"/> Liability coverage while on college or university campuses |
| <input type="checkbox"/> Paintball or simulated munitions competitions | <input type="checkbox"/> Biohazard remediation and cleanup |
| <input type="checkbox"/> Costs associated with arrest | <input type="checkbox"/> Liability coverage while on K-12 school grounds |
| <input type="checkbox"/> Lawful hunting/trapping activities | <input type="checkbox"/> Carry or concealed carrying in your workplace |
| <input type="checkbox"/> Loading or unloading a firearm | <input type="checkbox"/> Liability while in State Parks |
| <input type="checkbox"/> Property Damage | <input type="checkbox"/> Liability while in bars/restaurants serving alcohol |
| <input type="checkbox"/> Self-defense | <input type="checkbox"/> Lawful militia |
| <input type="checkbox"/> Shooting for gun clubs | <input type="checkbox"/> Occupational use |
| <input type="checkbox"/> Shooting at supervised or commercial private ranges | <input type="checkbox"/> Bail bonds |
| <input type="checkbox"/> Accidental discharge | <input type="checkbox"/> Mysterious disappearance of a covered firearm |
| <input type="checkbox"/> Liability due to stolen firearm | <input type="checkbox"/> Curios, Relics, Antiques |
| <input type="checkbox"/> Biohazard remediation and cleanup | <input type="checkbox"/> Other weapons |

Please list any additional activities you would like coverage for: _____

*NOTE: Additional underwriting and premium may be necessary if any box above is checked.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print name

Print name

Schedule for Firearms/Weapons and Insureds in Household

ONLY scheduled insureds, firearms, and weapons LISTED ON THE DECLARATIONS OR SCHEDULED ON THE POLICY WILL BE COVERED.

NOTE: *Minors that will use weapons or firearms must be directly supervised by scheduled adult in order for coverage to apply.

1.				
1.	Name	Phone/Email	Relationship to Policyholder	Age
Type of Firearm/Weapon (make, model, year)			Owner of firearm/weapon	
Intended covered activities:				
Please list experience/training:				
2.				
2.	Name	Phone/Email	Relationship to Policyholder	Age
Type of Firearm/Weapon (make, model, year)			Owner of firearm/weapon:	
Intended covered activities:				
Experience/training:				
3.				
3.	Name	Phone/Email	Relationship to Policyholder	Age
Type of Firearm/Weapon (make, model, year)			Owner of firearm/weapon	
Intended covered activities:				
Experience/training:				
4.				
4.	Name	Phone/Email	Relationship to Policyholder	Age
Type of Firearm/Weapon (make, model, year)			Owner of firearm/weapon	
Intended covered activities:				
Experience/training:				